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Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public Information about Form 990 and its instructions is at www.us.gov/form990 Inspection A For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change CRUDEN BAY RISK RETENTION GROUP, INC. Name change 27-0057453 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-(904)697-5880 2386 AIRPORT ROAD 4,954,454. Amender return G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-tion pending BARRE, VT 05641 H(a) Is this a group return F Name and address of principal officer: WILLIAM W. HIGGINBOTHAM Yes X No for subordinates? 10140 CENTURION PKWY NORTH, JACKSONVILLE, H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) __ 4947(a)(1) or l If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Other -L Year of formation: 2003 M State of legal domicile: VT Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE DESCRIPTION ON FORM 990 PART #107 & I A CAN FORM Sequities & Governance III, LINE 1 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Ō. Contributions and grants (Part VIII, line 1h) OSC 3,100,000 2,500,000. Program service revenue (Part VIII, line 2g) 251,575 374,859. Investment income (Part VIII, column (A), lines 3, 4, and Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 10c, 10c, 11) 0 2014 0. 0 3,351,575 2,874,859 Total revenue - add lines 8 through 11 (must equal Hart VIII, column (A), line 0 Grants and similar amounts paid (Part IX, column (A) lines -295,439 759,804. Benefits paid to or for members (Part IX, column (A), une 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. σ. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 292,308. 292,433. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) -3,131. 1,052,237. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,354,706. 1,822,622. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Assets Raland 14,757,358. 13,570,935 20 Total assets (Part X, line 16) 6,609,573. 5,708,060. 21 Total liabilities (Part X, line 26) Vet 6,961,362. 9,049,298. Net assets or fund balances. Subtract line 21 from line 20 22 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign WILLIAM W. HIGGINBOTHAM ASSISTANT TREASURER Here Type or print name and title Print/Type preparer's name MATT T. GRAVELIN, CPA P00962423 Paid Firm's name JOHNSON LAMBERT Firm's EIN 52-1446779 Preparer P.O. BOX 525 Firm's address Use Only Phone no. (802) 383-4800 BURLINGTON, VT 05402

X Yes No

Form 990 (2013)



May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2013) CRUDEN BAY RISK RETENTION GROUP, INC.	27-0057453	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	CRUDEN BAY WAS FORMED BY THE NEMOURS FOUNDATION (NEMOURS		
	NEMOURS BY PROVIDING MEDICAL PROFESSIONAL AND DIRECTORS	AND OFFICER	S
	LIABILITY INSURANCE COVERAGE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses	i .
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 899,065 • Including grants of \$) (Revenue		000.
	CRUDEN BAY WAS FORMED TO SUPPORT NEMOURS BY PROVIDING ME		
	PROFESSIONAL LIABILITY INSURANCE TO NEMOURS PHYSICIANS A		
	PENNSYLVANIA AND FLORIDA. CRUDEN BAY ALSO PROVIDES MEDICA		
	LIABILITY INSURANCE FOR CERTIFIED REGISTERED NURSE PRACT		
	PENNSYLVANIA AND DIRECTORS AND OFFICERS LIABILITY COVERA	GE TO MEMBE	RS
	OF THE ASSOCIATION OF NEMOURS EXECUTIVE COUNCIL MEMBERS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		· -	
		_	
	Other pregram convece (Departhe in Schedule (1)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1	
	000 005		
<u>4e</u>	Total program service expenses 899,065.	Form 9	90 (2013)

	990 (2013) CRUDEN BAY RISK RETENTION GROUP, INC. 27-0057	453	P	age 3
Par	t IV Checklist of Required Schedules			r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	<u> </u>		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	-		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٦,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	امما		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c	_	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ٿ		- -
19	Did the organization report more than \$10,000 or gross income from garning activities on that \$10,000 or \$100,	I		l

20a

20b

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21`	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
LJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	100		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	•		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ľ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ŀ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ĺ		
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			·
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.7	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	056		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ات. ا		
- -	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form **990** (2013)

Form	990 (2013) CRUDEN BAY RISK RETENTION GROUP, INC. 27-0057	453	Р	age :
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V			
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	<u>'</u>		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		!	
	to file Form 8282?	7c	<u> </u>	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year]		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	٠.		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	.9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:	-		1
а	Initiation fees and capital contributions included on Part VIII, fine 12			ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders . 11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	^`	l	
	amounts due or received from them.)	1	l	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	;		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1
	organization is licensed to issue qualified health plans	4	1	1
С	Enter the amount of reserves on hand	 	↓	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013) CRUDEN BAY RISK RETENTION GROUP, INC. 27-0057453 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See i	nstructions.				
•	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
			•		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4	^ .			
	If there are material differences in voting rights among members of the governing body, or if the governing			- A			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			~ "		•	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	, ,			
	officer, director, trustee, or key employee?			2	X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<u>_x</u> _		
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X	
6	Did the organization have members or stockholders?			6	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			7a_	<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			۹,	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	e Code.)				
					Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		611 H C O	10b	X		
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy beto	ere filing the form?	11a		 	
ь	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	- 4	flesta ()	12a	X	 	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		 	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, a	escribe	40-	Х		
	in Schedule O how this was done			12c		x	
13	Did the organization have a written whistleblower policy?			13		X	
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approv		naepenaent	1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ſ		15a		x	
a	The organization's CEO, Executive Director, or top management official			15b		X	
b	Other officers or key employees of the organization			130			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a				
ioa		inchie (viui a	16a		х	
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the expectation of the e	ata its	narticination				
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization of the organization to evaluate the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization tha			1			
	exempt status with respect to such arrangements?	27.112.02.11		16b			
Sec	tion C. Disclosure			1			
17	List the states with which a copy of this Form 990 is required to be filed NONE				_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s onlv)	availab	le		
	for public inspection. Indicate how you made these available. Check all that apply.	,	(-/(-///)				
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			nd finar	ncial		
	statements available to the public during the tax year.		, ,,				
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the organiz	ation:	-		
	USA RISK GROUP OF VERMONT - 802-229-5042						
	2206 ATREORE BOAD BARRE VE 05641						

Form 990 (RETENTION		INC.	27-0057453	Page 7		
Part VII	Compensation	of Officer	s, Dire	ctors, T	rustees, Key E	mployees,	Highest (Compensated			
	Employees, and Independent Contractors										
`	Check if Schedule C	contains a re	esponse	or note to	o any line in this Parl	t VII					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

332007 10-29-13

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	(B)				>)			(D)	(E)	(F)
Name and Title	Average	١		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	(do not check more than or box, unless person is both				h an	compensation	compensation	amount of
	week	offi	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	è			ļ			the	organizations	compensation
	hours for	Ę				ited		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		60	Suad		(W-2/1099-MISC)		organization
	organizations	lat tru	onal		ploye	E 29				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD T. CHRISTOPHER	1.00	Ē	Ё.	Of	¥	₹ 5	<u>e</u>			
PRESIDENT AND DIRECTOR	15.00	\ V		х				0.	54,625.	^
(2) JEFFREY P. JOHNSON	2.00	^		Δ		\vdash	Н	0.	34,043.	0.
SECRETARY AND DIRECTOR	0.00			х				0.	0.	_
(3) ROBERT D. BRIDGES		_		Δ	_		Н	0.	0.	0.
	1.00	,,		37				0	671 264	100 706
TREASURER AND DIRECTOR	40.00	<u> </u>	_	X		ldash	Ш	0.	6/1,364.	189,786.
(4) JOHN LORD	1.00	١,,						0	140 611	•
DIRECTOR	34.00	X	ļ			<u> </u>	Ш	0.	149,611.	0.
(5) WILLIAM W. HIGGINBOTHAM II	1.00							•	225 562	
ASSISTANT TREASURER	40.00	<u> </u>	<u> </u>	X		<u> </u>		0.	237,762.	23,792.
		L_	L			L_	Ш			
		l								
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Form 990 (2013)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats Its	1 a	Federated campaigns	1a					
our ar	b	Membership dues	1b			ľ		
P, E		Fundraising events	1c			1		
ar la	d	Related organizations	1d					
in's	е	Government grants (contribut	ions) 1e					
rion	f	All other contributions, gifts, gran	ts, and					
la E		similar amounts not included abo	ve [1f]					
Contributions, Gifts, Grants and Other Similar Amounts	g		1a-1f \$					
<u>ā Č</u>	h	Total. Add lines 1a-1f		Business Code				
ا م	2 a	PREMIUMS EARNED		524292	2,500,000.	2,500,000.		
ķ	2 a b				-,,	_,,		
Ser								
E	c d							
Program Service Revenue	e				-			
F	f	All other program service reve	enue	 				<u> </u>
İ		Total. Add lines 2a-2f		•	2,500,000.			
\neg	3	Investment income (including	dividends, intere	est, and	· · · · · · · · · · · · · · · · · · ·			
		other similar amounts)	,	•	296,889.			296,889.
	4	Income from investment of ta	x-exempt bond r	roceeds 🕨	·			
}	5	Royalties		•				
		•	(i) Real	(II) Personal				1
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	2,157,565.					
	b	Less: cost or other basis						
		and sales expenses	2,079,595.					
	c	Gain or (loss)	77,970.			į		
		Net gain or (loss) .		<u> </u>	77,970.			77,970.
e e	8 a	Gross income from fundraisin	g events (not					
venue		including \$	of					
		contributions reported on line	1c). See					
Other Re		Part IV, line 18	а					
₹		Less: direct expenses	b					
		Net income or (loss) from fund		<u> </u>				+
	9 a	Gross income from gaming ad						
		Part IV, line 19	a	<u> </u>				
		Less: direct expenses	b					
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less and allowances		Į.				
	_		a b					
		Less: cost of goods sold Net income or (loss) from sale						
	<u> </u>	Miscellaneous Revenu		Business Code		-		
	11 a							
	ıı a							1
	C							
	d					[
	e			>				
	12	Total revenue. See instructions.		<u>▶</u>	2,874,859.	2,500,000.	(374,859.

Form 990 (2013) CRUDEN BAY RICE

Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses Program service expenses General expenses											
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21				·						
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16	750 004	550.004								
4	Benefits paid to or for members	759,804.	759,804.								
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
^	section 401(k) and 403(b) employer contributions)			-							
9	Other employee benefits										
10 11	Payroll taxes Fees for services (non-employees):										
'' a	Management	47,833.		47,833.							
b	Legal	8,500.		8,500.							
G	Accounting	25,273.	· · · · · · · · · · · · · · · · · · ·	25,273.							
d	Lobbying		- · - · - · - · - · · · · · · · · · · ·	- ,							
e	Professional fundraising services. See Part IV, line 17	-									
f	Investment management fees	63,753.		63,753.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
_	column (A) amount, list line 11g expenses on Sch O.)	14,640.	14,640.								
12	Advertising and promotion										
13	Office expenses	1,108.		1,108.							
14	Information technology										
15	Royalties										
16	Occupancy			- 2 042							
17	Travel	3,943.		3,943.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates Depreciation, depletion, and amortization										
22 23	Insurance										
23 24	Other expenses, Itemize expenses not covered										
24	above. (List miscellaneous expenses in line 24e. If line		i								
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	DEDUTIN MAY BYDENCE	116,675.	116,675.								
b	REGULATORY AND LICENSE	7,946.	7,946.								
C	MISCELLANEOUS EXPENSE	2,762.		2,762.							
d											
е	All other expenses		600 - 45	450 450							
25	Total functional expenses. Add lines 1 through 24e	1,052,237.	899,065.	153,172.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here Inf following SOP 98-2 (ASC 958-720)		I								

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	101,004.	1	25,790.
2	Savings and temporary cash investments	1,801,274.	2	2,450,870
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
į	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
တ္က	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			1
	basis. Complete Part VI of Schedule D 10a			
b			10c	
11	Investments - publicly traded securities	11,572,439.	11	12,177,872
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	96,218.	15	102,826
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,570,935.	16	14,757,358
17	Accounts payable and accrued expenses	78,046.	17	80,870
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- I	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
Liabilities 23	Complete Part II of Schedule L		22	-
ے 23 ا	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	6,531,527.	25	5,627,190
26	Total liabilities. Add lines 17 through 25	6,609,573.	26	5,708,060
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
_Ω	complete lines 27 through 29, and lines 33 and 34.			
ဥ္ 27	Unrestricted net assets	·	27	
<u>ष</u> 28	Temporanly restricted net assets		28	
m 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
<u>-</u>	and complete lines 30 through 34.			
<u>ي</u> 30	Capital stock or trust principal, or current funds	1,000.	30	1,000
8 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	6,960,362.	32	9,048,298
2 33	Total net assets or fund balances	6,961,362.	33	9,049,298
34	Total liabilities and net assets/fund balances	13,570,935.	34	14,757,358

om	1990 (2013) CRUDEN BAY RISK RETENTION GROUP, INC.	27	-0057	453	Pa	ıge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	2,87	4,8	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,05		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,82		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6			62.
5	Net unrealized gains (losses) on investments	5		_ 26	<u>5,3</u>	14.
6	Donated services and use of facilities	_6				
7	Investment expenses	7				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		0,04	<u>9,2</u>	98.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					ᆜ
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	Ο.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1	1	
	separate basis, consolidated basis, or both:			-		
	Separate basis Consolidated basis Both consolidated and separate basis			,	٠	
b	Were the organization's financial statements audited by an independent accountant?		•	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basi	3,		3	1
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audr	t,		ļ ; ,	l
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.	. 432	ì	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt	-	l	
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

vaille u	tne organizat									dentification number
Dow T	Daggan		BAY RISK RET						2	7-0057453
Part T			rity Status (All organiz					tructions.		
	1	•	because it is: (For lines	-		=				
1 	1		s, or association of chui			ection 170	ңоң туақы).		
2 -	1		70(b)(1)(A)(ii). (Attach So			4=60.1/41				
3	1	•	ital service organization							N
4			operated in conjunction	with a nos	spital desc	ribea in se	ection 170	I)(A)(1)(D)	II). Enter	the nospital's name,
	city, and stat		t64 -						.4 .4	d t
5 📖			benefit of a college or u	iniversity o	wnea or o	perated by	a govern	mentai un	iit deschi	oea in
	1	0(b)(1)(A)(iv). (Compl	·							
<u>6</u>	1		ent or governmental uni					6 41		and the state of the
7	-	•	ceives a substantial part	or its supp	ort from a	governme	ental unit c	or trom the	e generai	public described in
	1	(b)(1)(A)(vi). (Comple	·	/Camplete	Da-# 11 \					
8	1 .		section 170(b)(1)(A)(vi).	•					6	
9	_	•	eives: (1) more than 33 nctions - subject to cert						•	- ,
		•	axable income (less sec	•	•					•
		509(a)(2). (Complete	= -	alon 511 ta	ix) iroiti bu	1511165565	acquired L	y trie orga	ariization	alter June 30, 1975.
10 🗀	1		perated exclusively to te	et for nubl	ic safety S	See sectio	n 500(a)(4)		
11 🗓	1		perated exclusively to te perated exclusively for t	•	•			•	ny out the	nurnoses of one or
· · ·	•	•	ations described in secti		•				-	• •
			organization and compl				-,		(-/(-/	
	a X Type		_	vpe III - Fu	-			Tvr	e III - No	n-functionally integrated
e X	1 * * * * * * * * * * * * * * * * * * *		at the organization is not	••	•	·				· · ·
	-	•	than one or more publicl		•	-	•		•	•
f		•	tten determination from		_				,,,,	, , ,
	-	organization, check tl			•					
g	Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
	(i) A perso	on who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and	(III) below	y, Yes No
	the gov	erning body of the s	upported organization?							11g(i) X
	(ii) A famıly	member of a perso	n described in (i) above?	?						11g(ii) X
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii) X
h	Provide the f	following information	about the supported or	ganization	(s).					
								,		
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c			u notify the	(vi) I: organizati	s the	(vii) Amount of monetary
or	ganızation		(described on lines 1-9		sted in your document?		ion in col. r support?	(i) organiz	zed in the	support
			above or IRC section (see instructions))					U.S	,	
		ļ		Yes	No	Yes	No	Yes	No	
	NEMOURS	50 0624422		 				",		000 065
FOUN	DATION	59-0634433	LINE 3	Х		Х		X		899,065.
					}					
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Γotal	1									899,065.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	-					
8	Gross income from interest,		· ·				
	dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	!		-			
10	Other income. Do not include gain						
	or loss from the sale of capital	,					
	assets (Explain in Part IV.)			<u> </u>			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		<u></u>	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			 	
	Public support percentage for 2013 (•	column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the d				14 is 33 1/3% or	more, check this I	oox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the				d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qual					•	▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the org	anızation
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						ne _ [
	organization meets the "facts-and-circ						▶₩
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ons L_J

Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not			_			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	A STATE OF THE STA	- Fall 1 100 10	S = -21 + 1	- Fog 184	. , , ,	
Sec	ction B. Total Support	'					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	,		1	<u> </u>	1-1-1-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo		first second the	d fourth or fifth t	av vear as a section	n 501(c)(3) organi	zation
14	check this box and stop here	i ule organization :	s mst, second, trir	u, iourui, or iiim t	an year as a section	ni oo itojoj organi	∠ ∠
Se	ction C. Computation of Publ	ic Support Pe	rcentage			-	
	Public support percentage for 2013 (column (fl)	_	15	%
	Public support percentage from 2012			(.,,		16	%
	ction D. Computation of Inve				 -		
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from			,		18	%
	33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						ightharpoons
ŀ	33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation, If the organization						▶Ш

Schedule A	(Form 990 or 990-	EZ) 2013 CRU	DEN BAY	RISK	RETENTI	ON GROU	P, INC.	27-0057453 Pag
Part IV	Supplementa	al Informatio	n. Provide th	e explanatio	ons required by	Part II, line 10;	Part II, line 17a	or 17b; and Part III, line 12.
	Also complete th	is part for any a	ddıtional infor	mation. (See	instructions).		_ -	
•								
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			-					

332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CRUDEN BAY RISK RETENTION GROUP, INC.

Employer identification number 27-0057453

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		-
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, <u>ac., o.</u> , o. , o. , o. , o. , o. , pa. pa. o	Yes No
Pa		panization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year▶\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the c	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	-	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
b	Assets included in Form 990, Part X		> \$

		BAY RISK I	RETEN	TION (GROUP,	INC.		<u> 27-00</u>	<u>57453</u>	Page 2
Pai	t III Organizations Maintaining C	Collections of A	\rt, His	torical T	reasures,	or Othe	r Simil	ar Asse	t s (continu	ied)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	e following th	nat are a si	gnıficant	use of its	collection	items
•	(check all that apply):									
а	Public exhibition		d 🖳	Loan or ex	change prog	grams				
b	Scholarly research		e 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ain how t	hey further	the organiza	tion's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical tre	asures, or ot	ther sımılar	assets	_	_	
	to be sold to raise funds rather than to be m								Yes	<u> </u>
Pai	t IV Escrow and Custodial Arran		lete if the	organizati	on answered	d "Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ns or other a	assets not	ıncluded	_	_	
	on Form 990, Part X?							L_	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:			,			
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			т——
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?					<u> </u>	」Yes	H №
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par	t V Endowment Funds. Complete		1		T					
		(a) Current year	(b) F	Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		<u> </u>		<u> </u>					
þ	Contributions				 					
С	Net investment earnings, gains, and losses		 		 					
	Grants or scholarships		<u> </u>		<u></u>					
е	Other expenditures for facilities				ŀ					
	and programs		<u> </u>		<u> </u>				ļ	
	Administrative expenses		 		 				<u> </u>	
g	End of year balance		1		<u> </u>				L	
2	Provide the estimated percentage of the cur	rent year end balan		g, column	(a)) held as:					
a	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporanly restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh									
за	Are there endowment funds not in the posses.	ession of the organi	zation th	at are neld	and adminis	tered for tr	ne organiz	zation	L.	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		0 - 1	4. J. DO					3a(ii)	
	if "Yes" to 3a(ii), are the related organization								3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		<u>iowment</u>	tunas.						
- 4	Complete if the organization answere		O Bort IV	/ line 11a (Saa Earm 00	n Dart V I	ina 10			
	Description of property	(a) Cost or			st or other		cumulate		(d) Book	
	Description of property	basis (invest		1 ''	s (other)		reciation	1	(u) Book	value
10	Land	54313 (111463)			,5.11.01/		# 14 ; 3 · ·			
				<u> </u>		 	4 **			
	Buildings Leasehold improvements					 		-+		
d	Leasehold improvements Equipment					 		- -		
	Other	-		 		 		- -		
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colui	nn (B), line	10(c).)					0.

Schedule D (Form 990) 2013

Sch	iedu	<u>le</u> D	(Forn	n 990)	2013	

	lete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Description of s	ecurity or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end	l-of-year market value
(1) Financial denva	atives				
(2) Closely-held eq	uity interests				
(3) Other	· · · · · · · · · · · · · · · · · ·				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	equal Form 990, Part X, col. (B) line 12.)				
Part VIII Inve	stments - Program Related.				
	lete if the organization answered "Yes"				
(a) [Description of investment	(b) Book value	(c) Method of val	uation: Cost or end	l-of-year market value
(1)	-				
(2)					<u> </u>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					-
(9)					
	equal Form 990, Part X, col. (B) line 13.)				
	er Assets.				
Comp	lete if the organization answered "Yes"		11d. See Form 990, Pa	art X, line 15.	<u> </u>
	(a)	Description	·		(b) Book value
(1)					
(2)					
(3)			.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) lin	e 15.)			
	er Liabilities.				
Comp	elete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, line 25.	·
<u>1</u>	(a) Description of liability		(b) Book value		
(1) Federal inc		TIPO	F 611 400		
T 0 0 0	LOSS EXPENSE RESER		5,611,498.		
	LOSS EXPENSES PAYA	בותם	15,692.		
(4)					
(5)					
(6)					v.
(7)					
(8)					
(9)			E COT 100		
Total (Column (b)	must equal Form 990, Part X, col. (B) lin	e 25.)	5,627,190.		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial Statem				003/433 Page 4
- ai	· ·		i nevellue per n	etun	1.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a		1	3,076,420.
1	Total revenue, gains, and other support per audited financial statements				3,070,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	265,314.	, ,	
a	Net unrealized gains on investments	2b	203,314.	, 7	
b				٠.	
	Recoveries of prior year grants	2c 2d		37	
	Other (Describe in Part XIII.) Add lines 2a through 2d	20		2e	265,314.
3	Subtract line 2e from line 1			3	2,811,106.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			- <u>°</u> -	2,011,100
4		امدا	63,753.		
a b		4a 4b	0377331	-	
	Add lines 4a and 4b	40		4c	63,753.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,874,859.
	rt XII Reconciliation of Expenses per Audited Financial Stater	ments Wit	h Expenses per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		·	1	988,484.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			;	
a		2a		. ≽,`.	
ь		2b		g 1/2	
c		2c		1	
d		2d		2.0	
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	988,484.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,753.		
b		4b			
	Add lines 4a and 4b			4c	63,753.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,052,237.
Pai	rt XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2, Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad				
-					

Schedule D (Form 990) 2013

332054 09-25-13

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CRUDEN BAY RISK RETENTION GROUP, INC.

Employer identification number 27-0057453

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		1	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	# 3 . 2	, ,	
	First-class or charter travel Housing allowance or residence for personal use	, P.		ļ
	Travel for companions Payments for business use of personal residence	`		ļ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	^-,		
	Discretionary sponding account is soonal contract (sign, mails, chart, char,			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	-		
D		1b		ľ
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	-10		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			ļ
	Compensation committee Written employment contract			
	Independent compensation consultant — Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	` . ;		
			٠ .	
4	Dunng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	- C.		
	organization or a related organization:		l .	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the revenues of:			
а	The organization?	5a	·	X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	75		
•	contingent on the net earnings of:			
2	The organization?	6a		Х
	Any related organization?	6b		Х
.,	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
'	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
۰	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	۱÷		<u> </u>
8		8		x
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	├┷	 	† <u></u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Hegulations section 53 495X-6(c)7		i	

27-0057453

CRUDEN BAY RISK RETENTION GROUP, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	P P	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) ROBERT D. BRIDGES	ε	0	0	0.	0	0	0	0
TREASURER AND DIRECTOR	: 🗉	541,244.	129,088.	1,032.	173,586.	16,200.	861,15	
(2) WILLIAM W. HIGGINBOTHAM II	Ξ	0		0		0		
ASSISTANT TREASURER	€	216,252.	21,206.	304.	. 360, 9	17,697.	261,554.	i i
	ε							
	€							
	Ξ							
	(II)							
	Θ							
	(E)							
	(i)							
	E							
	Ξ							
	<u> </u>		:					
	(i)							
	(ii)							
	(i)							
	(ii)							
	(1)							
	(ii)							
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	(ii)							
	Ξ							
	(ii)			_				
	Ξ							
	(ii)							
	(i)							
	(1)							
	Ξ							
	(ii)							
332112							Sched	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013	CRUDEN BAY RIS	Y RISK	SK RETENTION GROUP,		INC. 27-0	27-0057453	۵.
Part III Supplemental Information						•	
Provide the information, explanation, or descriptions required for	or descriptions requ	ured for Part	I, lines 1a, 1b, 3, 4a,	4b, 4c, 5a, 5t	Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional info	ny additional information	

	GANIZATION,	TAIN MEMBERS	RECTORS. IN	SISTANT	DULE J, PART							Schedule J (Form 990) 2013
PART I, LINE 4B:	EXPLANATION: THE NEMOURS FOUNDATION, CRUDEN BAY'S SUPPORTED ORGANIZATION,	MAINTAINED A SUPPLEMENTAL EMPLOYEE BENEFIT PLAN (SEBP) FOR CERTAIN MEMBERS	OF THE NEMOURS EXECUTIVE TEAM AS DETERMINED BY THE BOARD OF DIRECTORS.	3, THE FOLLOWING PARTICIPATED								

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.rs.gov/form990

Employer identification number

CRUDEN BAY RISK RETENTION GROUP, INC.	27-0057453
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: DIRECTOR JOHN LORD IS TRUSTEE OF THE ALFRED	I. DUPONT
TESTAMENTARY TRUST.	
FORM 990, PART VI, SECTION A, LINE 3:	
EXPLANATION: CRUDEN BAY'S MANAGEMENT DUTIES ARE DELEGATED	TO USA RISK GROUP
OF VERMONT. HOWEVER, CRUDEN BAY IS UNDER CONTROL OF ITS	SUPPORTED
ORGANIZATION, THE NEMOURS FOUNDATION, THROUGH GOVERNANCE.	
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: CRUDEN BAY HAS TWO MEMBERS, THE NEMOURS FOUN	DATION AND
ASSOCIATION OF NEMOURS' EXECUTIVE COUNCIL MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
EXPLANATION: THE NEMOURS FOUNDATION, AS THE SOLE CLASS A	MEMBER OF CRUDEN
BAY, HAS THE RIGHT TO ELECT AT LEAST 3 CLASS A DIRECTORS.	THE ASSOCIATION
OF NEMOURS' EXECUTIVE COUNCIL MEMBERS, AS THE SOLE CLASS	B MEMBER OF CRUDEN
BAY, HAS THE RIGHT TO ELECT 1 CLASS B DIRECTOR.	
FORM 990, PART VI, SECTION A, LINE 8B:	
EXPLANATION: CRUDEN BAY DOES NOT HAVE ANY COMMITTEES, ONL	Y A BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: A DRAFT 990 IS PRESENTED TO THE BOARD OF DIR	ECTORS FOR A
THOROUGH REVIEW. IN ADDITION TO THE REVIEW PERFORMED BY T	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 332211 09-04-13	dule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization CRUDEN BAY RISK RETENTION GROUP, INC.	Employer identification number 27-0057453
DIRECTORS, THE 990 WAS REVIEWED BY USA RISK GROUP OF VERM	ONT.
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: CRUDEN BAY MONITORS AND ENFORCES COMPLIANCE	BY REVIEWING THE
CONFLICT OF INTEREST STATEMENTS AT THE ANNUAL BOARD MEETI	NG.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: CRUDEN BAY MAKES ITS GOVERNING DOCUMENTS, CO	NFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▼ See separate instructions.

2013

Open to Public. Inspection

Information about Schedule R (Form 990) and its instructions is at www irs gov/form990

Employer identification number 27-0057453 INC. CRUDEN BAY RISK RETENTION GROUP, Name of the organization

٤ 3 3 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 3 3 Part

			ı	ı	ì	1		ļ		ı
€	Direct controlling	entrty								
(e)	End-of-year assets									
0	Total income									
<u>©</u>	Legal domicile (state or	foreign country)								
<u>Q</u>	Primary activity									
(a)	Name, address, and EIN (if applicable)	of disregarded entity								

Part II: Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(0)	(p)	(e)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes No	0
THE NEMOURS FOUNDATION - 59-0634433						-	
10140 CENTURION PARKWAY NORTH	PEDIATRIC HEALTH CARE AND			LINE 3			
JACKSONVILLE, FL 32256	HEALTH EDUCATION	FLORIDA	501 (C) (3) HOSPITAL		N/A	×	
PEDIATRIC MEDICAL SERVICES OF PLORIDA -							
45-3584225, 9145 NARCOOSSEE ROAD, ORLANDO,					THE NEMOURS		
PL 32827	PEDIATRIC HEALTH CARE	FLORIDA	501 (C) (3)	501 (C) (3) 509 (A) (2)	FOUNDATION	×	
:							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

332161 09-12-13 LHA

27-0057453 Page 2

Schedule R (Form 990) 2013 CRUDEN BAY RISK RETENTION GROUP, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

	e a	ı					1				ı			1				ı	l
3	General or Percentage managing ownership																		1000
	o Per ng ow	0									L								
8	seneral nanagii partner	YesNo			_				_		┢								
	_ ×≅	(59	_								T				_			_	1
(1)	V-UE	۳. 10																	1
	Code V-UBI amount in box	1 (Fo																	
											├							_	3
(L)	Disproportionate aflocations?	No		_			_				_								1
	Dispre	Yes																	1
	≠ ½																		9
(6)	Share of end-of-year	19961																	Í
	S S S	•																	
	<u>rg</u>										T								
ω	Share of total income										ļ								
	share inc	i																	
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	lated,	-514)																	
<u>@</u>	nant II I, unre	s 512																	
	Predominant income (related, unrelated, excluded from tax inder	ection									ļ								
	<u>P</u>	S S									╀								Ī
	Direct controlling entity																		l :
9	t contr entity																		ľ
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9	Legal domictie (state or	country)	_				L				_								ľ
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<u>a</u>	Pnmary activity														l				ľ
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	N E																		
	Name, address, and EIN of related organization																		
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*Partiv: Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related as a corporation or trust during the tax year.

					- "	1-1		49	
(a)	(<u></u>	©	(e)		(<u>6</u>)	Ē	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	୍ଷ ନ
		(Autonoco		OI II USI)		633613		Yes No	و ا
ALPRED I. DUPONT TESTAMENTARY TRUST -									
59-0226560, 510 ALPRED I. DUPONT PLACE,	INVESTING FOR								
JACKSONVILLE, FL 32202	CHARITABLE PURPOSES	FL	N/A	TRUST	N/A	N/A	N/A		⊭
								\dashv	
									1

Schedule R (Form 990) 2013

Part V. Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Voc No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed		-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			14	Ta X
b Gift, grant, or capital contribution to related organization(s)			1p	X
c Gift, grant, or capital contribution from related organization(s)			10	
d Loans or loan guarantees to or for related organization(s)			1d	
 Loans or loan guarantees by related organization(s) 			91	X e
				F
f Dividends from related organization(s)			*	# X
g Sale of assets to related organization(s)			<u></u>	Tg X
h Purchase of assets from related organization(s)			#	
i Exchange of assets with related organization(s)			=	×
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)			Service Control of the (ئ،	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		=	\vdash
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		ŧ	⊢
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi		#	×
 Sharing of paid employees with related organization(s) 			1	10 X
p Heimbursement paid to related organization(s) for expenses			라	4
 Reimbursement paid by related organization(s) for expenses 			<u>1</u>	1
r Other transfer of cash or property to related organization(s)				
			18	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	g
(1) THE NEMOURS FOUNDATION	ŋ	1,260,000.FMV	FMV	
(2) THE NEMOURS FOUNDATION	ъ	394,507.FMV	FMV	
(6)				
(4)				
(5)				
(b) 332 163 09-12-13			Schedule B (Form 980) 2013	orm 990) 2013

27-0057453 Page 4

Schedule R (Form 990) 2013 CRUDEN BAY RISK RETENTION GROUP, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(0)	(p)	(e)		(b)	ε	(6)	9	æ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated, excluded from tax	6 partners sec 501(c)(3) oros?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	amount in box 20 managing ownership of Schedille K-1 partner?	General o managing partner?	Percentage ownership
		country)	under section 512-514)	Yes No	ıncome	assets	Yes	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2013	CRUDEN	BAY	RISK	RETENTION	GROUP,	INC.	27-0057453	Page 5
Part VII	(Form 990) 2013 Supplemental Info	rmation							
	Provide additional inform	nation for respor	nses to	auestions	on Schedule R (see	instructions).			
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Form 8868 (Nev. 1-2014)							Page 2
 If you are filing for an Additional (Not 	Automatic) 3-Month Ext	tension, d	complete only Part II and check this	box		. [X
Note. Only complete Part II if you have a	already been granted an a	utomatic	3-month extension on a previously fi	led Form	8868.		
• If you are filing for an Automatic 3-Me	onth Extension, complet	e only Pa	rt I (on page 1).				
Part II Additional (Not Aut	omatic) 3-Month Ex	ktensio	n of Time. Only file the origina	al (no co	pies ne	eded).	
			Enter filer's	identifyir	g numbe	er, see instr	uctions
Type or Name of exempt organization	n or other filer, see instruc	ctions.		Employe	identific	ation numbe	r (EIN) or
print							
CRUDEN BAY RISK						0057453	
filing your return. See 2386 AIRPORT RO		e instruc	tions.	Social se	curity nui	mber (SSN)	
BARRE, VT 0564		reign add	ress, see instructions.				
Enter the Return code for the return that	this application is for (file	a separa	te application for each return)			[0 1
Application		Return	Application				Return
ls For		Code	is For				Code
Form 990 or Form 990-EZ		01		·		<u>` </u>	
Form 990-BL		02	Form 1041-A				08
Form 4720 (individual)		03	Form 4720 (other than individual)				09
Form 990-PF		04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				<u> 11</u>
Form 990-T (trust other than above)		06	Form 8870				12
STOP! Do not complete Part II if you w				ously file	d Form 8	3868.	
	A RISK GROUP						
• The books are in the care of \triangleright 23		AD -					
Telephone No. ► 802-229-5			Fax No. >				_
If the organization does not have an organization does not have an organization does not have an organization.						▶ 1	
If this is for a Group Return, enter the							
box . If it is for part of the group			ch a list with the names and EINs of	<u>all memb</u>	ers the e	ctension is fo)r
4 I request an additional 3-month ext		OARWI	BER 15, 2014.				
5 For calendar year 2013 , or other			, and ending				·
6 If the tax year entered in line 5 is fo		neck reas	on: L Initial return L.	Final r ـــا	etum		
Change in accounting penod							
7 State in detail why you need the ex		DEDAT	TO A COMPLEME AND	COTTO	AMIT T	TAMETOR	
ADDITIONAL TIME I	S NEEDED TO P	REPAI	RE A COMPLETE AND A	ACCUR	ATE F	RETURN	
							
							
8a If this application is for Forms 990-		or 6069, (enter the tentative tax, less any	ا ا			0.
nonrefundable credits. See instruc			e de la la la la la la la la la la la la la	8a	\$		
b If this application is for Forms 990-							
tax payments made. Include any p	nor year overpayment allo	owed as a	credit and any amount paid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.
previously with Form 8868.				8b	\$		<u>_</u>
Balance due. Subtract line 8b from			n this torm, it required, by using				0.
EFTPS (Electronic Federal Tax Pay			t be completed for Part II o	8c	\$		<u>u </u>
Under penalties of perjury, I declare that I have					f my know	ledne and hali	e f
It is true, correct and complete, and that I am	ayihorized to prepare this for	m,	बार्याम् उत्तरहण्यास्य बात्य अवस्तारातास्य, बाति स्ट	1110 0631 0	ing know	l T	
Water	1/	_	L MANAGER	Date	- 2	8/12/14	Ĺ
Signature > / / Lew	CILI INIO	- 614/6	7 7 10 7 10	Date		m 8868 /Rev	1.2014)

Form **8868** (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

	ent of the Treasury	-		· · · · ·		1	
Internal F	evenue Service	► Information about Form 886	8 and its	instructions is at www.irs.gov/form	8868 -		
• If yo	u are filing for an Auto	omatic 3-Month Extension, complet	te only Pa	rt I and check this box			\triangleright [X]
If yo	u are filing for an Add	itional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form).		
Do not	complete Part II unle	ss you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	m 8868.	
Electro	onic filing _(e-file) . You	u can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time	e to file (6	months for	a corporation
	, ,	or an additional (not automatic) 3-moi					
of time	to file any of the form	ns listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated V	Vith Certain
Person	al Benefit Contracts,	which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	tronic filing o	of this form,
vısit W	ww.irs.gov/efile and cl	ick on e-file for Charities & Nonprofits		·		_	
Part	I Automatic	3-Month Extension of Time	Only s	submit original (no copies nee	ded).		
A corp		Form 990-T and requesting an auton					
Part I c	only						
	•	ling 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
	ncome tax returns	, , ,		·		r's identifyi	ng number
Туре с	r Name of exempt	t organization or other filer, see instru-	ctions.			•	n number (EIN) or
print		g					` '
	CRUDEN B	AY RISK RETENTION (ROUP	, INC.		27-00	57453
File by th due date	e N	and room or suite no. If a P.O. box, so		· · · · · · · · · · · · · · · · · · ·	Social se	curity number	er (SSN)
filing you	2386 AIR	PORT ROAD				•	` ,
return Se instructio		st office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	BARRE, V		J	,			
Enter t	he Return code for the	e return that this application is for (file	a separa	te application for each return)			0 1
				,,			<u></u>
Applic	ation		Return	Application			Return
ls For			Code	is For			Code
	90 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 9			02	Form 1041-A			08
	720 (individual)	 	03	Form 4720 (other than individual)			09
Form 9			04	Form 5227			10
	90-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11
	90-T (trust other than		06	Form 8870			12
	· • • • • • • • • • • • • • • • • • • •	USA RISK GROUP	OF V	ERMONT		•	
The	books are in the care	of ▶ 2386 AIRPORT RO	DAD -	BARRE, VT 05641			
Tele	phone No. ► 802	-229-5042		Fax No. ▶		-	
		not have an office or place of business	s in the Ur	nited States, check this box			ightharpoons
• if th	is is for a Group Retu	rn, enter the organization's four digit	Group Exe	emption Number (GEN) . If	this is fo	the whole g	roup, check this
box 🕨	. If it is for part	of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the exter	nsion is for.
		3-month (6 months for a corporation				-	
	AUGUST 15	, 2014 , to file the exemp	t organiza	tion return for the organization name	d above.	The extension	on
į.	s for the organization'	s return for:					
ı	► X calendar year	2013 or					
)	tax year begin	ining	, an	d ending			
-		-				_	
2	f the tax year entered	in line 1 is for less than 12 months, c	heck reas	on: Initial return III	inal retur	n	
	Change in accor	unting penod					
3a		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	nonrefundable credits				3a	\$	0.
-		r Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
		its made. Include any prior year overp			3b	\$	0.
_		t line 3b from line 3a. Include your pa					

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

by using EFTPS (Electronic Federal Tax Payment System). See instructions.